

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/647129 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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TOTAL IND.	1		↓		↓	
TOTAL DEP.	6		↔		↔	
TOTAL CLAIMS	7					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.		↓		
TOTAL DEP.		↔		↔
TOTAL CLAIMS				

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831